National Cancer Data Base: Review of Issues Related to Access to Care and Treatment Patterns Transcript

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SUSAN DESHARNAIS: Thank you. I promise to go kind of fast.

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The National Cancer database has been around for about 14 years, and it has been used to follow cancer treatment for a population of about 70 percent, now, of the people who are being treated for cancer in the United States. We've got demographic

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and clinical data. But I think you should note right off that we've got about 25 percent of all hospitals that are in the American Hospital Association survey. And this is because our hospitals report to us for a particular reason. They are seeking to be surveyed and accredited as cancer treatment centers by the Commission on Cancer. And so, these tend to be a biased group of hospitals. And yet, they are a group for which we have some information, so I think it's important to try to put this piece of the puzzle in front of you. And you will note here that our hospitals are less likely to be located in rural areas, low-income areas, and areas that have low educational attainment. This means, I think, that it's still worth looking at what we've got, but I think you can imagine that what we've got probably understates the kinds of problems that we're looking at here today.

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Just a quick picture: we do have national coverage, and we've got, actually, quite good coverage in most states, so that we have something that is important in that dimension in that we have broad coverage and represent most of the country. On the other hand, it's biased in terms of which hospitals in each state are represented.

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So, taking into account that our hospitals are the ones that are more likely to have more sophisticated cancer programs, more resources, and more specialists, what do we see here I've got three or four slides to show you. This is the first one, and it talks about average county income, which is one of the variables we've looked at. Fifty-eight percent of the women in the lowest-income counties were diagnosed at stage zero compared to 72 in the middle to high-income counties. That's a pretty big difference. And 19 percent of the women in the lowest-income counties were diagnosed at stages III or IV, compared to 12 in the middle- or high-income counties. I think this is potentially important because we would like to know that there are differences in stage of diagnosis. This is something we've just been discussing. And this is confirmed even within this other data set.

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On the other hand, there are a couple of other things we can look at, too. And one of them is the treatment of women diagnosed with cancer of cervix by ethnicity and stage of diagnosis. And I think this is probably the most important slide I want to present to you. When we look at treated versus non-treated, and we've divided up by stage within white and black patients, we do see significant differences in rates of non-treatment. And this is after people are diagnosed, and the cancer case is reported, and this is a hospitalized patient. So, this is somebody who has -- I don't mean in-patient, necessarily, but they're treated in a hospital whether they are in an in-patient or out-patient department. So these are people that have been treated. You see differences that are pretty important and are statistically significant. Nine to fourteen in stage zero when you compare white to black. Four to eight, stage I, and so on. And so you can see that the non-treatment is consistent in

that the black population has a higher non-treatment regardless of stage.

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This is a little harder to read because there are too many numbers on the page. I tried to put in red the ones that I wanted you to focus on. And this looks at insurance status in terms of the stage of diagnosis. It's interesting, I think, that we have Medicare as an exception. We don't really expect the Medicare to look the same as the others, because these are the older women, but when you look at the bottom box of other and private insurance, we do expect this group to be more comparable to the no insurance or Medicaid groups that are above. And if you look at this, you'll see that the other or private insurance have some difference in stage zero in the non-treatment rate: 6, compared to 12 or 13. But as we get to the other stages of cancer, you can see that these differences diminish. And I guess this goes with the same question that was just brought up. Is this appropriate at stage I, II, III or IV to have non-treatment rates in this range. And again, I'll defer to Ted when he goes forward and talks about some of this, too. I think, again, it's important to realize that these are, in a sense -- I hope I'm not stepping on anyone too hard -- some of the better hospitals in the country in terms of the resources they have and the registries they have and so on. They've passed through an approval process at the American College of Surgeons, and we're still seeing these differences that are probably more exaggerated when you get to the rural areas and the areas where you don't have access to the hospitals with the very good resources. So I'll stop at that point.